STATEMENT OF DEFICIENCIES		X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE	SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING		01	COMPLETED		
155162		155162	B. WIN			10/06/2	011	
NAME OF PROVIDER OR SUPPLIER AUTUMN RIDGE REHABILITATION CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE  600 WASHINGTON AVE  WABASH, IN46992					
(X4) ID	SUMMARY S'	TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION	
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE	
	A Post Survey F Life Safety Cod and State Licen conducted on C conducted by t Department of accordance wit  Survey Date: 1  Facility Numbe Provider Numb AIM Number:  Surveyor: Amy Code Specialist  At this PSR surv Rehabilitation C not in complian Requirements f Medicare/Medi Subpart 483.70 from Fire and t the National Fin Association (NE) Code (LSC), Ch.	Revisit (PSR) to the e Recertification issure Survey 08/29/11 was he Indiana State Health in h 42 CFR 483.70(a).  0/06/11  r: 000081 er: 155162 100289570  r Kelley, Life Safety t vey, Autumn Ridge Centre was found ince with for Participation in caid, 42 CFR 0(a), Life Safety the 2000 edition of			CROSS-REFERENCED TO THE APPROPRIA	n of not et on of e ible fter ctfully		
	This three stor	y facility was						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

000081

		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155162	(X2) MU A. BUIL B. WING	DING	01	(X3) DATE S COMPLI 10/06/20	ETED	
NAME OF PROVIDER OR SUPPLIER AUTUMN RIDGE REHABILITATION CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 600 WASHINGTON AVE WABASH, IN46992					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		]	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	construction ar sprinklered. The alarm system we detection in the open to the corrooms 301 to 3. The facility has and had a cens of this survey.  Quality Review by Fode Specialist-Med. The facility was compliance wit aforementioned.	ne facility has a fire with smoke e corridors, areas cridors and resident 306 and 324 to 326. a capacity of 100 us of 42 at the time  Robert Booher, Life Safety dical Surveyor on 10/07/11.						
K0052 SS=F	installed, tested, a accordance with N Code and NFPA 7 approved maintencomplying with app NFPA 70 and 72.  Based on obserinterview, the finstall 1 of 1 finaccordance with	IFPA 70 National Electrical 2. The system has an ance and testing program plicable requirements of 9.6.1.4 rvation and acility failed to re alarm systems in	K0	052	K 052 The facility will ensure fire alarm systems trouble signis distinctive and descriptively annunciated to ensure a trou signal can be heard in an occupied area. IEI contacted repairs. Repairs completed	gnal y ble	10/17/2011	

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 A. BUILDING 155162 10/06/2011 WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 600 WASHINGTON AVE AUTUMN RIDGE REHABILITATION CENTRE WABASH, IN46992 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5)PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE October 17, 2011For all 72, 1-5.4.6 requires trouble residents, staff, and visitors, that signals to be located in an area could have been potentially where it is likely to be heard. affected, a new sounding device was ordered and installed by IEI NFPA 72, 1-5.4.4 requires fire October 17, 2011. Facility alarms, supervisory signals, and Maintenance Director/Designee in trouble signals to be distinctive serviced all staff on October 11, and descriptively annunciated. 2011 to ensure they are familiar with signal and purpose and This deficient practice could affect document.Facility Maintenance all occupants. Director or Designee will monitor the fire alarm panel and test the Findings include: trouble signal for the dialer component weekly for a month and then monthly thereafter and Based on an observation with document. The Facility Maintenance Supervisor on Maintenance Director or 10/06/11 at 12:10 p.m., when the Designee will complete the Environmental and Safety CQI to automatic dialer component was ensure a trouble signal can be placed in trouble from phone line heard in an occupied area weekly failure a local trouble alarm was for four weeks then monthly thereafter. CQI will be reviewed initiated. The dialer was located after 6 months to ensure in the electrical/mechanical room threshold, and will be reviewed by located in the service hall which CQI team if not met. All staff in was not continually occupied serviced and documentation completed by Facility therefore a trouble signal could Maintenance Director and not be heard in this location at all Designee to ensure familiarity times. A very small visual trouble with signal and purpose. CQI light was lit on the fire alarm team reviews the audits monthly and action plans are developed annunciator panel at the third as needed to ensure continual floor nurses' station. No audible compliance.Compliance Date: alarm could be heard. Based on October 17, 2011 an interview with both staff members at the third floor desk, RN # 1 and LPN # 1, neither were aware of the trouble signal.

AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING 01 COM			IPLETED	
		155162	B. WING			10/06/20	UII	
NAME OF PROVIDER OR SUPPLIER			1		DDRESS, CITY, STATE, ZIP CODE SHINGTON AVE			
AUTUMN	I RIDGE REHABILIT	TATION CENTRE	_		H, IN46992	_		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL		F	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETION	
TAG		LSC IDENTIFYING INFORMATION)	+	TAG	DEFICIENCY)	-	DATE	
	Based on an int							
	Maintenance Su	ipervisor at the ation, the trouble						
	light was hard t							
	ngne was naru t	to notice:						
	This deficiency	This deficiency was cited on						
	=	e facility failed to						
	implement a systemic plan or							
	correction to prevent recurrence.							
	3.1–19(b)							
			Ī					
K0143 SS=E	Transferring of oxygen is:							
55=E	<ul> <li>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</li> <li>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</li> </ul>							
	transferring is occu							
	Based on observation and		K0	143	K 143 The facility will ensur		10/11/2011	
		interview, the facility failed to			that the mechanical ventilation			
	ensure 2 of 2 areas used for				system will operate continuou by the Facility Maintenance	Join		
	transferring of oxygen were				Director . The O2 exhaust ventilator P-Coil on the overload switch was replaced on October 6, 2011.Potential residents on the 2 and 3 floors will not have the			
	provided with continuous							
	mechanical ventilation. This							
	deficient practice could affect any							
	resident in the	third floor dining			potential to be affected by the	9		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

5REJ22

Facility ID:

000081

If continuation sheet

Page 4 of 7

NAME OF PROVIDER OR SUPPLIER  AUTUMN RIDGE REHABILITATION CENTRE  BY WASACH, INAGONE WASHINGTON AVE  WASACH, INAGONE WASHINGTON WASHINGTON WASHINGTON AVE  WASACH, INAGONE WASHINGTON WA			IDENTIFICATION NUMBER: A. BUI		(X2) MULTIPLE CONSTRUCTION  01			(X3) DATE SURVEY  COMPLETED	
AUTUMN RIDGE REHABILITATION CENTRE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFEX FACE REGULATORY OR LIS DENTIFYEN DEFINITATION  room and any staff in the second floor oxygen transferring room.  Findings include:  Based on an observations with the Maintenance Supervisor on 10/06/11 at 11:45 p.m., the mechanical ventilation was not operating in the oxygen transfilling/storage room on the third floor. At this time the Maintenance Supervisor went to the electrical room and flipped a switch and the mechanical ventilation motor started working. At 12:20 p.m., the mechanical ventilation was checked again and again the motor was not working. Based on an interview with the Maintenance Supervisor at the time of observation, there was an issue with the motor starter reset relay switch and it keeps interrupting power. The switch would have to be replace in order for the motor to run continuously.  This deficiency was cited on 08/29/11. The facility failed to implement a systemic plan or	AND TEAN OF CORRECTION				ILDING				
AUTUMN RIDGE REHABILITATION CENTRE  AUTUMN RIDGE REHABILITATION CENTRE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REQUILATION OR LISC IDENTIFYING INFORMATION)  FREFIX TAG  REQUILATION OR LISC IDENTIFYING INFORMATION)  Findings include:  Findings include:  Findings include:  Based on an observations with the Maintenance Supervisor on 10 /06/11 at 11:45 p.m., the mechanical ventilation was not operating in the oxygen transfilling/storage room on the third floor. At this time the Maintenance Supervisor went to the electrical room and flipped a switch and the mechanical ventilation mas checked again and again the motor vas not working. Based on an interview with the Maintenance Supervisor at the time of observation, there was an issue with the motor starter reset relay switch and it keeps interrupting power. The switch would have to be replace in order for the motor to run continuously.  Findings include:  ID PREFIX TAG  ID PREFIX TAG  Alleged deficient practice due to the continuous mechanical device being repaired and monitored daily by the Facility Maintenance Director on Cotober 6, 2011, Dally Environmental Safety monitoring of the function of the continuous mechanical ventilation system will be completed by Facility Maintenance Director or Designee for one week then weekly for four weeks then monthly for thure months then quarterly thereafter. Environmental Safety thereafter Environmental Safety thereafter in the completed by Facility Maintenance Director or Designee daily for one week then weekly for four weeks then monthly for three months then quarterly thereafter in the completed by Facility Maintenance Director or Designee daily for one week then weekly for four weeks then monthly for three months then quarterly thereafter to ensure function of the continuous mechanical ventilation system. CQI will be reviewed after 6 months to ensure function of the continuous mechanical venti			.00.02	B. WIN		ADDRESS CITY STATE ZIR CODE			
AUTUMN RIDGE REHABILITATION CENTRE   WABASH, IN46992	NAME OF PROVIDER OR SUPPLIER				1				
PREFIX TAG  REGULATORY OR LASC IDENTIFYING INFORMATION)  room and any staff in the second floor oxygen transferring room.  Findings include:  Based on an observations with the Maintenance Supervisor on 10/06/11 at 11:45 p.m., the mechanical ventilation was not operating in the oxygen transfilling/storage room on the third floor. At this time the Maintenance Supervisor went to the electrical room and flipped a switch and the mechanical ventilation motor started working. At 12:20 p.m., the mechanical ventilation motor started working. Based on an interview with the Maintenance Supervisor at the time of observation, there was an issue with the motor starter reset relay switch and it keeps interrupting power. The switch would have to be replace in order for the motor to run continuously.  This deficiency was cited on 08/29/11. The facility failed to implement a systemic plan or	AUTUM	N RIDGE REHABILI	TATION CENTRE						
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At 12:20 p.m., the mechanical ventilation was checked again and again the motor was not working.  Based on an interview with the Maintenance Supervisor at the time of observation, there was an issue with the motor starter reset relay switch and it keeps interrupting power. The switch would have to be replace in order for the motor to run continuously.  This deficiency was cited on 08/29/11. The facility failed to implement a systemic plan or							fety		
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potential to be affected by the									

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 01 A. BUILDING 155162 10/06/2011 WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 600 WASHINGTON AVE AUTUMN RIDGE REHABILITATION CENTRE WABASH, IN46992 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5)PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE alleged deficient practice by in 3.1 - 19(b)servicing all nursing staff on October 11, 2011on policies and 2. Based on observation and procedures regarding the oxygen interview, the facility failed to transfilling process by the Facility Maintenance Director/Designee. ensure 1 of 2 areas used for All nursing staff was inserviced on transferring of oxygen was policies and procedures regarding separated from any portion of a the oxygen transfilling process by facility wherein residents are the Facility Maintenance Director/Designee. The facility will housed, examined, or treated by a monitor oxygen transfilling room separation of a fire barrier of 1 and document on CQI Oxygen hour fire resistive construction. Therapy daily by the Facility This deficient practice could affect Maintenance Director/Designee for one week then weekly for one any resident in the third floor month and then monthly for three dining room. months and then quarterly thereafter to ensure that policies Findings include: and procedures regarding the transfilling process are followed.CQI Oxygen Therapy will Based on an observation with the be completed by Facility Maintenance Supervisor on Maintenance Director or Designee daily for one week then 10/06/11 at 12:11 p.m., CNA # 2 weekly for four weeks then was in the third floor oxygen room monthly for three months then transfilling from a large liquid quarterly thereafter. CQI will be oxygen cylinder to a small reviewed after 6 months to ensure threshold, and will be portable unit. CNA # 1 opened reviewed by CQI team if not met. the oxygen room door during the The CQI team reviews the audits transfilling process and spoke with monthly and action plans are CNA # 2. This was confirmed by developed as needed to ensure continual compliance. Compliance the Maintenance Supervisor at the Date: October 11, 2011. time of observation. He proceeded to explain why the oxygen transfilling room door must remain closed during the transfilling process.

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/28/2011 FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING B. WING  (X3) DATE SURVEY  COMPLETED  10/06/2011						
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  600 WASHINGTON AVE								
AUTUMN RIDGE I	REHABILI	TATION CENTRE		SH, IN46992				
PREFIX (EAC	H DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	COMPLETION			
3.1-19								